

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

ATTACHMENT 4.18-E

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

VIRGIN ISLANDS

Optional Sliding Scale Premiums Imposed on Qualified Disabled and Working Individuals

A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

Not Applicable

\*Description provided on attachment.

pproval Date FEB 0 3 1992 Supersec TN No.

Effective Date

OCT 0 1 1991

HCFA ID: 7986E



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		STATE	PLAN UNDER	TITLE >	XIX OF THE	E SOCIAL S	ECURITY A	CT	
		State/To	erritory:	VIRG	IN ISLAND	S		<del></del>	
c.	State	or local	funds unde	er other	programs	are used	to pay fo	r premiums	:
		Yes		<u> </u>	No				
D.	a pre	riteria u mium beca ibed belo	sed for det use it woul w:	erminin d cause	g whether an undue	the agenc hardship	y will wa on an ind	ive payment ividual are	t of
	-								
			Not A	pplicabl	.e				
*Des	scripti	on provid	ded on atta	chment.					
TN I	No	77-6 Apr	proval Date	FEB 0	1992	Effective	Date 00	T 0 1 1991	
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